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Image# 201604089012255251

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	Ar		SBUR Authorized		/IEN IS			Office Use Only	
1. NAME OF COMMITTEE (in		PE OR PRIN	Τ ▼		ample: If typir er the lines.	g, type	12FE4M5		
MATT KOKKO	NEN FOR	CONGR	ESS						
ADDRESS (number ar		1103 JOHNSO	N AVENUE						
Check if did than previous reported. (A	usly	SAN LUIS OB	ISPO				CA L	93401	
2. FEC IDENTIFIC	CATION NUM	IBER ▼	CI	TY A			STATE A	ZIP C	ODE A
C C0060688	97		3. IS T REF	HIS PORT	× NEW	OR	AMENE (A)		TE ▼ DISTRICT
	eports: 5 Quarterly Rep	port (Q1)	(b) 12-D	ay PRE -	Election Report Primary (12P)	General (Runoff (12R)
	Quarterly Rep		Elec	tion on	M M	D D /	Y Y Y Y	in th State	
January	/ 31 Year-End I	Report (YE)	(c) 30-D	ay POS	r -Election Re	oort for the:	:		
Termina	Termination Report (TER)		Elec	etion on	General (300	D D /	Runoff (30	_	
5. Covering Period	M 01	01	y y y 2016	Y	through	M M	/ D D /	2016]
certify that I have e		Report and to	the best o	of my kn	owledge and	belief it is t	rue, correct and	d complete.	
Type or Print Name	of Treasurer	JACOB THO	MAS						
Signature of Treasure	er <u>JACOB</u>	THOMAS			[Electronically	Filed]	Date 04	08	2016
NOTE: Submission of	false, erroneou	us, or incomple	ete informati	on may s	subject the per	son signing	this Report to t	he penalties of	2 U.S.C. §437g.
Office Use Only								FEC FO	

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MATT KOKKONEN FOR CONGRESS

			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		•
	(a)	Total Contributions (other than loans) (from Line 11(e))	2445.00	2445.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2445.00	2445.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	15598.00	15598.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15598.00	15598.00
8.		sh on Hand at Close of porting Period (from Line 27)	197347.00	
9.	the	ots and Obligations Owed TO Committee (Itemize all on additional and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on needule C and/or Schedule D)	210500.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

MATT KOKKONEN FOR CONGRESS

03 2016 01 01 2016 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11.

1. C	ONTRIBUTIONS (other than loans) FROM:		
(a)	Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	1500.00	1500.00
	(ii) Unitemized	945.00	945.00
	(iii) TOTAL of contributions from individuals	2445.00	2445.00
(b)	•	0.00	0.00
(0)	(such as PACs)	0.00	0.00
(d) (e)		0.00	0.00
	(add Lines 11(a)(iii), (b), (c), and (d))	2445.00	2445.00
	RANSFERS FROM OTHER JTHORIZED COMMITTEES	0.00	0.00
3. LC (a)	DANS: Made or Guaranteed by the		
()	Candidate	210500.00	210500.00
(b)		0.00	0.00
(3)	(add Lines 13(a) and (b))	210500.00	210500.00
	FFSETS TO OPERATING (PENDITURES		
	efunds, Rebates, etc.)	0.00	0.00

12. 13. 14. 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 212945.00 212945.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	15598.00	15598.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	15598.00	15598.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	212945.00
5.	SUBTOTAL (add Line 23 and Line 24)		212945.00
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	15598.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		197347.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	5	OF	13		
(0	che	ck only	or	ne)					
	X	11a		11b		11c	11	d	
		12		13a		13b	14		15

PAGE

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) MATT KOKKONEN FOR CONGRESS Full Name (Last, First, Middle Initial) **REBECCA & RANDALL BOOTH** Date of Receipt Mailing Address 959 SALIDA DEL SOL DR 02 2016 02 City State Zip Code Transaction ID: SA11AI.4130 CA 93446 **PASO ROBLES** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation **UNKNOWN** UNKNOWN Memo Item CONTRIBUTION Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) THOMAS & MAY TRIEU Date of Receipt Mailing Address 2315 OLEA CT. 03 10 2016 City State Zip Code Transaction ID: SA11AI.4151 **GILROY** CA 95020 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation **BUSINESS OWNER RETIRED** Memo Item CONTRIBUTION Receipt For: 2016 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... 1500.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	6 OF	13
Use separate schedule(s)	(check only one)			
for each category of the	11a 11b	11c	11d	
Detailed Summary Page	12 X 13a	13b	14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) MATT KOKKONEN FOR CONGRESS Full Name (Last, First, Middle Initial) MATT KOKKONEN Date of Receipt Mailing Address 1103 JOHNSON AVENUE 2016 27 City State Zip Code Transaction ID: SA13A.4106 CA 93401 SAN LUIS OBISPO FEC ID number of contributing Amount of Each Receipt this Period H6CA24329 federal political committee. 500.00 Name of Employer Occupation SELF EMPLOYED FINANCIAL PLANNER Memo Item CANDIDATE LOAN OF PERSONAL FUNDS TO Receipt For: 2016 Election Cycle-to-Date COMMITTEE Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) MATT KOKKONEN Date of Receipt Mailing Address 1103 JOHNSON AVENUE 26 2016 Citv State Zip Code Transaction ID: SA13A.4138 SAN LUIS OBISPO CA 93401 FEC ID number of contributing Amount of Each Receipt this Period С H6CA24329 federal political committee. 10000.00 Name of Employer Occupation FINANCIAL PLANNER SELF EMPLOYED Memo Item CANDIDATE LOAN OF PERSONAL FUNDS TO Receipt For: 2016 Election Cycle-to-Date COMMITTEE | Primary General 10500.00 Other (specify) Full Name (Last, First, Middle Initial) MATT KOKKONEN Date of Receipt Mailing Address 1103 JOHNSON AVENUE 2016 11 City State Zip Code Transaction ID: SA13A.4159 CA SAN LUIS OBISPO 93401 FEC ID number of contributing С H6CA24329 Amount of Each Receipt this Period federal political committee. 10000.00 Name of Employer Occupation SELF EMPLOYED FINANCIAL PLANNER Memo Item Receipt For: 2016 CANDIDATE LOAN OF PERSONAL FUNDS TO Election Cycle-to-Date COMMITTEE Primary General 20500.00 Other (specify) 20500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER: PAGE 7 OF	13
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	11a 11b 11c 11d	
	12 X 13a 13b 14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) MATT KOKKONEN FOR CONGRESS Full Name (Last, First, Middle Initial) MATT KOKKONEN Date of Receipt Mailing Address 1103 JOHNSON AVENUE 2016 31 City State Zip Code Transaction ID: SA13A.4155 CA 93401 SAN LUIS OBISPO FEC ID number of contributing Amount of Each Receipt this Period H6CA24329 federal political committee. 190000.00 Name of Employer Occupation SELF EMPLOYED FINANCIAL PLANNER Memo Item CANDIDATE LOAN OF PERSONAL FUNDS TO Receipt For: 2016 Election Cycle-to-Date COMMITTEE | Primary General 210500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 190000.00 SUBTOTAL of Receipts This Page (optional)..... 210500.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 8 13 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MATT KOKKONEN FOR CONGRESS Full Name (Last, First, Middle Initial) CALIFORNIA SECRETARY OF STATE Date of Disbursement 2016 Mailing Address 1500 11TG STREET 02 25 City State Zip Code Amount of Each Disbursement this Period CA **SACRAMENTO** 95814 1740.00 001 Memo Item Candidate Name Category/ MATT KOKKONEN FOR CONGRESS Type Transaction ID: SB17.4111 Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President CA State: District: Full Name (Last, First, Middle Initial) CALIFORNIA SECRETARY OF STATE Date of Disbursement Mailing Address 1500 11TG STREET 03 09 2016 City State Zip Code Amount of Each Disbursement this Period CA **SACRAMENTO** 95814 Purpose of Disbursement REGISTRATION FEES 2150.00 001 Memo Item Candidate Name Category/ MATT KOKKONEN FOR CONGRESS Type Transaction ID: SB17.4113 Office Sought: Disbursement For: House 2016 Senate Primary General Other (specify) President State: CA District: Full Name (Last, First, Middle Initial) C. REBECCA IRWIN Date of Disbursement Mailing Address 3624 OLIVE AVE 02 02 2016 City State Zip Code Amount of Each Disbursement this Period LONG BEACH 90807 CA Purpose of Disbursement WEBSITE DESIGN 1000.00 004 Memo Item Candidate Name Category/ MATT KOKKONEN FOR CONGRESS Type Transaction ID: SB17.4157 Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: CA District: 24 4890.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBE	R:		PAGE	9	OF	13
Use separate schedule(s)	(check on							
for each category of the Detailed Summary Page	X	17		18		19a		191
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MATT KOKKONEN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement SAN LUIS OBISPO COUNTY CLERK-RECORDER 2016 Mailing Address 1055 MONTEREY ST. 03 15 SUITE D120 Citv State Zip Code Amount of Each Disbursement this Period SAN LUIS OBISPO CA 93408 1660.00 Purpose of Disbursement CANDIDATE STATEMENT CHARGES 001 Memo Item Candidate Name Category/ MATT KOKKONEN FOR CONGRESS Type Transaction ID: SB17.4118 Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President CA State: District: Full Name (Last, First, Middle Initial) SANTA BARBARA COUNTY CLERK-RECORDER Date of Disbursement D Mailing Address PO BOX 159 03 15 2016 City State Zip Code Amount of Each Disbursement this Period SANTA BARBARA CA 93102 Purpose of Disbursement CANDIDATE STATEMENT CHARGES 8328.00 001 Memo Item Candidate Name Category/ MATT KOKKONEN FOR CONGRESS Type Transaction ID: SB17.4114 Office Sought: Disbursement For: 2016 House Senate Primary General Other (specify) President State: CA District: Full Name (Last, First, Middle Initial) Date of Disbursement VENTURA COUNTY CLERK-RECORDER Mailing Address 800 S. VICTORIA AVE 03 15 2016 City State Zip Code Amount of Each Disbursement this Period **VENTURA** 93009 CA Purpose of Disbursement CANDIDATE STATEMENT CHARGES 525.00 001 Memo Item Candidate Name Category/ MATT KOKKONEN FOR CONGRESS Type Transaction ID: SB17.4116 Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: CA District: 24 10513.00 SUBTOTAL of Disbursements This Page (optional)..... 15403.00

TOTAL This Period (last page this line number only).....

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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X 13a I

13

JANS			Detailed Summa	ry Page	(oncor only one)	13b
AME OF COMMITTEE (In Full)	CONGRESS		Tı	ransaction I	D : SC/10.4106	1 1
LOAN SOURCE Full Name (Las		al) 'PERSONAL FUN	IDS] Memo Item	·	ction: 2016 Primary General	
Mailing Address 1103 JOHNSON AVENUE					Other (specify) ▼	
City	State	ZIP Code	,			
SAN LUIS OBISPO	CA	93401				
Original Amount of Loan	Cumul	ative Payment To D	ate 0.00	Balance (Outstanding at Clos	e of This Period
TERMS Date Incurred M01 / D27 / Y Ž01	М М М	Date Due	Interes	st Rate	% (apr)	ecured:
List All Endorsers or Guarantor	* **					
1. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP (Code	Amount Guaranteed Outstanding:	,		
2. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP (Code	Amount Guaranteed Dutstanding:			
3. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP 0	Code	Amount Guaranteed Outstanding:	,		
4. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP (Code	Amount Guaranteed Dutstanding:			(8)
UBTOTALS This Period This Page	(optional)		·····		7 7	500.00
OTALS This Period (last page in the	nis line only)				7 7	
Carry outstanding balance only to	LINE 3. Schedule D	, for this line, If no	Schedule D. carı	ry forward t	to appropriate line	of Summarv.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

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Transaction ID: SC/10.4138 NAME OF COMMITTEE (In Full) MATT KOKKONEN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2016 Memo Item Primary MATT KOKKONEN General Mailing Address Other (specify) 1103 JOHNSON AVENUE State ZIP Code City CA 93401 SAN LUIS OBISPO Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 02^M ^D26 2016 NONE % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.4159 NAME OF COMMITTEE (In Full) MATT KOKKONEN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2016 Memo Item Primary MATT KOKKONEN General Mailing Address Other (specify) 1103 JOHNSON AVENUE State ZIP Code City CA 93401 SAN LUIS OBISPO Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 03^M ^D 11 2016 NONE % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) MATT KOKKONEN FOR COM	NGRESS	Transaction ID : SC/10.4155	
LOAN SOURCE Full Name (Last, Find MATT KOKKONEN	rst, Middle Initial) PERS	ONAL FUNDS] Memo Item Election: 2016 Primary General	
Mailing Address 1103 JOHNSON AVENUE		Other (specify) ▼	
City	State	ZIP Code	
SAN LUIS OBISPO	CA	93401	
Original Amount of Loan	Cumulative Pay		This Period
Date Incurred Mo3 / Date Incurred Mo3 / Date Incurred	/ M M / D D	rate Due Interest Rate Secure / Y NONÉ 0.00 % (apr)	X
List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Init	= :	Name of Employer	
Mailing Address	iai,	Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	tional)	19000	00.00
OTALS This Period (last page in this li	ne only)	21050	00.00
Carry outstanding balance only to LINE	3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of S	Summary.